

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION****PART I: GENERAL INFORMATION**

Requestor's Name and Address:  TRENTON D. WEEKS PO BOX 271681 FLOWER MOUND, TX 75027	MFDR Tracking #:	M4-09-4610-01
	DWC Claim #:	
	Injured Employee:	
	Date of Injury:	
Respondent Name and Box #:  TASB RISK MGMT FUND Rep Box #47	Employer Name:	
	Insurance Carrier #:	

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: "I performed this examination at the request of the injured employee and his treating doctor James Crockett, DO who disagreed with the findings of the designated doctor evaluation....I feel that this medical bill is properly submitted and re-submitted for reconsideration. I feel that the service provided and charges are compliant with workers compensation fee guidelines...and should be paid in full."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$800.00
3. CMS 1500s
4. EOBs
5. Narrative Report for MMI/Impairment Rating and DWC-69

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "A DD exam was performed on 06/04/09 and the claimant was put at MMI on 06/04/09 with a 0% impairment rating." and "The treating doctor sent the claimant to an RME doctor selected by the treating doctor before taking the necessary steps."

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF FINDINGS**

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
06/19/08	99456-WP	1 - 4	\$0.00
Total:			\$0.00

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 134.204, titled *Medical Fee Guideline* effective for specific services on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "50-These are non-covered services because this is not deemed a "medical necessity" by the payer. NOTE: REFERRAL DR. MMI REACHED, 2 BODY AREAS, ROM DD has already assessed MMI/IR." and "W4-No additional reimbursement allowed after review of appeal/reconsideration." Per 133.3 (a) Any communication between the health care provider and insurance carrier related to medical bill processing shall be of sufficient, specific detail to allow the responder to easily identify the information required to resolve the issue or question related to the medical bill. Generic statements that simply state a conclusion such as "insurance carrier improperly reduced the bill" or "health care provider did not document" or other similar phrases with no further description of the factual basis for the sender's position does not satisfy the requirements of this section.
2. Requestor billed CPT code 99456-WP in the capacity of a doctor selected by treating doctor to perform a MMI/Impairment Rating examination. The stated reason according to the reconsideration and DWC MFDR appeal letter is that "This evaluation is necessary and required in the dispute process of designated doctor impairment. TDI-DWC requires the treating doctor provide a letter of clarification and the TDI-DWC requires an alternate evaluation of MMI and impairment with form 69 be performed and completed."
3. Rule 130.3 Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment by a Doctor other than the Treating Doctor

(a) A doctor, other than a treating doctor, who is authorized to certify that an employee has reached maximum medical improvement (MMI), must do so in accordance with §130.1 of this title (relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment). In addition to complying with the filing requirements of §130.1, the certifying doctor shall file a copy of the Report of Medical Evaluation and the narrative with the treating doctor within the same timeframes for filing with the other persons that §130.1 requires.

(b) Upon receipt of the report identified in subsection (a) of this section, the treating doctor shall:

(1) indicate on the report either agreement or disagreement with the certification of maximum medical improvement and with the impairment rating assigned by the certifying doctor, and, in the case of a disagreement, explain the reasons for this disagreement; and

(2) within seven days of receipt, send a signed copy of the report indicating agreement or disagreement and including any required explanation to the commission, the employee and the employee's representative (if any), and the carrier.

(c) A treating doctor's agreement or disagreement under subsection (b) of this section does not require a separate examination of the employee prior to the issuance of the opinion and shall not be considered a certification as that term is used in §130.1 of this title.

(d) The reports required under this section to be filed with a doctor and carrier shall be filed by facsimile or electronic transmission. In addition, the doctor shall file the report with the employee and the employee's representative by facsimile or electronic transmission if the doctor has been provided the employer's facsimile number or email address; otherwise, the report shall be sent by other verifiable means.

(e) A doctor required to file a report under this section shall maintain the original copy of the Report of Medical Evaluation and narrative and documentation of the date, addressees, facsimile numbers/email addresses and means of delivery that the reports required under this section were transmitted or mailed including proof of successful transmission. In addition:

(1) a certifying doctor shall maintain documentation of:

(A) The date of the examination of the employee; and

(B) The date any medical records necessary to make the certification of MMI were received, and from whom the medical records were received; and

(2) a treating doctor who receives the certifying doctor's report shall maintain documentation of the date the report was received and the means by which the report was delivered to the treating doctor.

4. Rule 130.3(b) outlines the methods of pursuing dispute of Designated Doctor findings regarding either MMI and/or Impairment Rating. The rule is clear in 130.3(c) A treating doctor's agreement or disagreement under subsection (b) of this section does not require a separate examination of the employee prior to the issuance of the opinion and shall not be considered a certification as that term is used in §130.1 of this title. An examination performed outside of these procedural parameters would be considered as not reimbursable according to Rules

130.3(b) and (c).

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311  
28 Texas Administrative Code Section. 134.1  
Texas Government Code, Chapter 2001, Subchapter G  
130.3(b)(c) and 133.3(a)

**PART VII: DIVISION DECISION AND/OR ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

**DECISION:**

_____	_____	12/22/2009
Authorized Signature	Auditor	Date
	Medical Fee Dispute Resolution	

**PART VIII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**